



ENERGY AND ENVIRONMENT CABINET

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 REILLY ROAD
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716**

ANNUAL WASTE QUANTITY REPORT DEP Form 7046 (5/99)

GENERAL INSTRUCTIONS

- 1. APPLICABILITY – This form must be completed and submitted to the Cabinet by persons who are required to report the amount of solid waste handled within a year . This report is an accumulation of twelve (12) monthly totals.**
- 2. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.**
- 3. SUBMISSION – Please type or print legibly in permanent ink. Submit the original and a CERTIFICATION CLAUSE (with original signature only) to the address above. Please complete all information before submitting your report to this office for review. Reports shall be submitted no later than January 31 for the preceding calendar year. If an item is not applicable to your facility write “N/A” in the space provided.**

- 4. FEES – Applicants must submit a \$1000.00 filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2(6)(a).**
- 5. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.**

Statutes and regulations may be viewed online at the following website addresses:

Solid waste application forms are available at the following website address:
<http://www.waste.ky.gov/forms/>

Statutes and regulations may be ordered at the following website address:
[http://lrc.ky.gov/kar/ORDER FORM.htm](http://lrc.ky.gov/kar/ORDER_FORM.htm)

To assist you in the submittal of a complete and accurate report, the Division has identified the most common errors made in the review process. These errors are listed below for your convenience.

- 1. Failure to complete the report.**
- 2. Failure to comply with public notice requirements. See KRS 224.40-310 and 401 KAR 47:140, Section 7 for more information.**
- 3. Failure to comply with Financial Assurance requirements. If the existing financial assurance is insufficient to fully cover current closure and post-closure costs, updates will be required.**
- 4. Failure to properly sign and notarize the application. An individual with signature authority for the applicant as defined by KRS 224.01-010(44) and 401 KAR 47:160 must sign and notarize the appropriate signature sections of the application.**
- 5. Failure to provide appropriate, fully completed attachments. Maps, drawings, narratives or any attachments that lack sufficient detail or drawings that are not signed, dated and sealed by a professional engineer or geologist may cause delays in the review and approval of the application.**

ANNUAL WASTE QUANTITY REPORT

1. Quarter: (if applicable):

2. Year:

3. Site Name:

4. County:

5. Permit #: -

6. Agency Interest #:

7. Pursuant to 401 KAR 47:160, Section 6, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

NOTE: Consultants may not sign the following certification statement.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Name of Person Signing (type or print):

Title of Person Signing:

Date: - -

Signature per 401 KAR 47:160: _____

Subscribed and sworn to before me this _____ day of _____, Year 20____

Notary Public Signature: _____

State of _____ County of _____ My commission expires: _____



ANNUAL WASTE QUANTITY REPORT

SITE NAME

PERMIT NO.

REPORT PREPARED FOR THE MONTHS

, AND

YEAR

[illegible]

The source column is for you to record the **county** the waste was received from. If this is an out-of-state county, please put the state after the county (EX: FRANKLIN CO., OH). The last column is the combined total of municipal solid waste and industrial waste received from EACH SEPARATE waste source.

Page ____ of ____



ANNUAL WASTE QUANTITY REPORT

SITE NAME _____

PERMIT NO. _____

REPORT PREPARED FOR THE MONTHS _____,
_____, AND _____,
_____ YEAR.

[illegible]

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